

Breast

Breast Cases

1. Case presentation: A 47-years old woman complaining of reddish nipple discharge on and off for several months. On squeezing the areola, a definitive bloody discharge on pressure with no lump felt. Blood is confirmed by occult blood test. Mammography nothing is noticed. Clinically this lady very likely has got: (P I Apr 2017 Q 19).

- A. Cancer breast.
- B. Duct papilloma.
- C. Duct ectasia.
- D. Mastitis galactocele.

2. The treatment is by: (P I Apr 2017 Q 20).

- A. Microductectomy
- B. Mastectomy.
- C. Antibiotics.
- D. Gide wire localization.
- E. Leave alone.

3. 45-year-old woman complains of painful breast of some 6 month duration. She noticed a lump in her right breast 6 weeks ago and feels that the size of the lump change with her period, which are regular. Clinically it irregular ill defined mass. She had 3 children and breast fed all of them. With no family history of breast cancer. The most likely diagnosis is: (P I Feb 2015 Q 15).

- A. Breast cancer.
- B. Fibroadenoma.
- C. Breast cyst.
- D. Fat necrosis.
- E. Fibroadenosis.

4. The best and ideal management to: (P I Feb 2015 Q 16).

- A. Re-assurance and discharge.
- B. Do triple assessment.
- C. Do an open biopsy.
- D. Right mastectomy.

VISIT...

LANZAROTE
Caliente.COM

E. Excision biopsy.

5. A 50 years old lady presented with painless mass at upper right quadrant of the breast for the last six months. She had only one child 15 years old. On examination the mass was ill-defined, firm, and irregular surfaces with no history of trauma. What is the most likely diagnosis: (P I Apr 2013 Q 42).

A. Fibroadenoma.

B. Fibroadenosis.

C. Fatty necrosis.

D. Breast cancer.

E. Antiboma.

6. All of the following to establish the diagnosis, EXCEPT: (P I Apr 2013 Q 43).

A. Mammogram.

B. Ultrasound of the breast.

C. Tru-cut needle biopsy.

D. Female hormonal assessment.

7. A patient with a breast lump 2.3 cm in size by ultrasound with a single mobile ipsilateral axillary lymph node and one ipsilateral supraclavicular lymph node is staged according to TNM classification: (P II Apr 2013 Q 63).

A. T1 N1 M1.

B. T2N1M0.

C. T2N1M1.

D. T3N2M0.

E. T3N1M1.

8. A 50 year old female noticed nipple discharge of her right breast, she had 2 children both breast fed for 12 months, she still with regular period, the examination of breast revealed no mass and the discharge proved to be blood discharge, the most likely diagnosis: (P I Jun 2010 Q 43).

A. Paget's disease of nipple.

B. Inflammatory carcinoma.

C. Fibrocystic disease.

D. Intraductal papilloma.

E. Subareolar mastitis.

9. A 21 year old presents with asymptomatic right breast mass, painless, mobile, non-tender, no family history of breast cancer, the following are all true, EXCEPT: (P I Jun 2010 Q 44).

- A. Mammography play little role in this age.
- B. If the mass of 1-2 cm and clinically and on image looks like fibroadenoma, it may need follow up only.
- C. Ultrasound useful in differential diagnosis.
- D. Fibroadenoma represents the most common lump in adolescence.
- E. Fibroadenoma generally is pre-malignant.

10. A 28 years old girl complained of Rt. breast lump, discovered accidentally since 2 months, there were no nipple discharges and no axillary swelling, the mass was freely mobile and firm in consistency. What is the most likely diagnosis? (P I Jan 2010 Q 27).

- A. Ca. Breast.
- B. Lipoma.
- C. Sebaceous cyst.
- D. Fibroadenoma.
- E. Fat necrosis.

11. For the above mentioned girl if you are not sure about your diagnosis what would be your next step: (P I Jan 2010 Q 28).

- A. Incisional biopsy.
- B. Excisional biopsy.
- C. Ultrasound and mammography.
- D. CT Scan.
- E. Followup after 3 months.

12. An 18-year-old clerk presents with a well- circumscribed 2 cm mass in her right breast. The mass is painless and has a rubbery consistency and discrete borders. It appears to move freely through the breast tissue. The diagnosis is most likely: (P II Dec 2004 Q 5).

- A. Carcinoma.
- B. Cyst.
- C. Fibroadenoma.

D. Cystosarcoma phylloides.

E. Intramammary mass.

13. A 20 years old girl presented with history of painless Lump left breast for one month, nothing significant in her past medical history or review of systems she is not on any medications. Examination revealed a mobile lump in left breast 2x1 cm, firm and not tender. The most likely diagnosis of this lump is: (PI - Dec 2015 Q11).

A. Duct ectasia.

B. Lipoma.

C. Fibroadenosis.

D. Fibroadenoma.

E. Breast cyst.

14. The best option in the management of this girl is: (PI - Dec 2015 Q12).

A. Needle aspiration and fluid for cytology.

B. Excision of the lump as soon as possible.

C. Course of NSAIDs.

D. Bilateral mammogram.

E. Ultrasound of the breast and true cut biopsy.

15. A 55 years old lady presented with blood stained discharge from her left nipple which is spontaneous, no pain, no lumps. Examination showed blood stained discharge from a single duct. No lumps palpable no nodes, the nipple looks normal. The most likely cause of this discharge is: (PI - Dec 2015 Q13).

A. Duct ectasia.

B. Duct papilloma.

C. Infection.

D. Fibroadenosis.

E. Paget's disease of the nipple.

1. The False statement for Paget's disease of the breast is: (P II Feb 2015 Q 26).

- A. Is an uncommon lesion.
- B. Involving the nipple.
- C. Paget's cells are seen in the nipple epidermis.
- D. The nipple is eroded but never disappears.
- E. It is associated with an invasive cancer.

2. Painless breast lumps includes all of the followings Except: (P II Feb 2015 Q 27).

- A. Carcinoma.
- B. Cyst.
- C. Fibroadenosis.
- D. Fibroadenoma.
- E. Fat necrosis.

3. Which of the following conditions increases a woman risk of breast cancer? (P II Apr 2013 Q 65).

- A. Fibroadenoma.
- B. Atypical lobular hyperplasia.
- C. Traumatic fat necrosis.
- D. Intraductal papilloma.
- E. Galactocele.

4. Fibroadenoma of the breast, the FALSE statement is: (P II Apr 2013 Q 66).

- A. Soft in consistency.
- B. Rounded or oval.
- C. Smooth.
- D. Freely mobile.

E. Encapsulated.

5. Breast Lump, all true EXCEPT: (P II Jun 2010 Q 86).

- A. All should have triple assessment.
- B. 5% of breast cancer could be genetic in patient less than 50 years.
- C. May involve BRCA1 and BRCA2.
- D. Age is not a prognostic factor.

6. Carcinoma in-situ of the breast, all true EXCEPT: (P II Jun 2010 Q 87).

- A. Pre-malignant condition of breast.
- B. It accounts 20% of screening programmes.
- C. Represented by microcalcification on mammography.
- D. Treated always by mastectomy.

7. Which of the following is a late complication of mastectomy and axillary clearance: (P II Jun 2010 Q 88).

- A. Seroma.
- B. Haematoma.
- C. Frozen shoulder.
- D. Lymphoedema.
- E. Winged scapula.

8. Regarding breast disorders, the FALSE statement is: (P II Jan 2010 Q 19).

- A. Mondor's disease is treated by reassurance and follow up examination.
- B. Peri-areolar fistula is treated by distal mammary duct excision.
- C. Lactational mastitis is treated by antibiotics and continued nursing.
- D. Duct papilloma is treated by microductectomy.

E. Breast abscess is treated by antibiotics and follow up.

9. 18. All of the following are associated with relative increased risk of breast cancer, EXCEPT: (P II Jan 2010 Q 20).

- A. Menopause before age of 40.
- B. Menarche at age of 10.
- C. First term pregnancy at age of 35.
- D. Fibrocystic disease with proliferative epithelial component.
- E. Nulliparity.

10. Retraction of the nipple: (P II Jan 2009 Q 10).

- A. Is always unilateral.
- B. Is characteristics of Paget's disease.
- C. Is an important factor in the cause of breast abscess.
- D. If recent can be due to a chancre.
- E. Can be caused by fat necrosis.

11. The following signs favor the diagnosis of carcinoma of a breast lump, EXCEPT: (P II Jan 2009 Q 39).

- A. Free mobility of the lump.
- B. Nipple retraction.
- C. Tethering of the skin.
- D. Fixity to the pectoralis major muscle.
- E. Presence of axillary nodes.

12. A 14 years old boy with bilateral painful tender subareolar breast mass for 2 months, your advice is: (P II Apr 2009 Q 43).

- A. Excision biopsy.

- B. Incision biopsy.
- C. Incisional and drainage.
- D. Mammography.
- E. Reassure the parents and leave it alone.

13. The TNM classification of a breast cancer is influenced by all, EXCEPT: (P II Nov 2008 Q 16).

- A. The fixity of enlarged axillary lymph nodes.
- B. The size of the tumour.
- C. The size of the axillary lymph nodes.
- D. Ulceration of the skin.
- E. The presence of metastases.

14. Gynaecomastia may be seen in all of the following EXCEPT: (P II Nov 2008 Q 72).

- A. Newborn infants.
- B. Klinefelter syndrome.
- C. Hypopituitarism.
- D. Phenytoin use.
- E. Turner syndrome.

15. The commonest disease of a male breast is: (P II May 2007 Q 22).

- A. Fibroadenosis.
- B. Fibroadenoma.
- C. Gynaecomastia.
- D. Carcinoma.
- E. Chronic inflammation.

16. Nipple discharge is likely to be serious if it is associated with the following: (P II Jun 2007 Q 40).

- A. Self induced by the patient.
- B. Coming from one lactiferous duct.
- C. Unilateral.
- D. Blood stained.
- E. Presence of lump in the breast.

17. Fibroadenomas, All are TRUE Except: (P II Jun 2007 Q 41).

- A. Are pre-malignant.
- B. Main presentation is painless breast lump.
- C. Can be multiple and bilateral.
- D. May become large and called Giant fibroadenoma.
- E. Treatment by excision if follow up and proper cytology are not available.

18. Risk factors of breast cancer include all of the following, EXCEPT: (P II Jun 2007 Q 42).

- A. Carriers of BRCAII gene.
- B. Early first pregnancy.
- C. Nulliparous women.
- D. Use of OCP rich in oestrogens for more than 5 years.
- E. Use of HRT with family history of breast cancer.

19. All of the following can cause Gynecomastia. EXCEPT: (P II Jun 2007 Q 43).

- A. Liver cirrhosis.
- B. Undescended testis.
- C. Cimetidine therapy.
- D. Klinefelter syndrome.
- E. Physiological.

20. Carcinoma breast commonly spreads to the following sites: (P II Jun 2007 Q 44).

- A. The right kidney.
- B. Thoraco-lumbar vertebrae.
- C. The ribs.
- D. The pleura.
- E. The bone marrow.

21. Of the following risk factors for breast cancer the strongest one is: (P II Jul 2006 Q 12).

- A. Age of the patient.
- B. Age of menarche.
- C. Age of full term pregnancy.
- D. Oral contraceptives.
- E. Body weight & socio-economic group together.

22. * Regarding breast abscess, all are true, EXCEPT: (P II Jul 2006 Q 52).

- A. Most commonly seen in early weeks of lactation.
- B. Can be secondary to a primary pathology in the breast.
- C. Ampicillin is the antibiotic of choice.
- D. Abscess formation occurs very early in the course of the disease.
- E. The mother is advised to continue breast feeding.

23. All these investigations are needed to Stage breast carcinoma, EXCEPT: (P II Jul 2006 Q 53).

- A. Bone scan.
- B. Chest X-ray.
- C. C.T scan of the abdomen.
- D. Oestrogen receptor estimation.
- E. Liver Function tests.

24. In carcinoma of the breast, all are true, EXCEPT: (P II Feb 2006 Q 68).

- A. Is associated with Paget's disease of the nipple.
- B. May be hormone-dependent.
- C. Always should be treated by mastectomy.
- D. May be asymptomatic.
- E. Is detected by mammography on the breast screening program.

25. The incidence of breast cancer is higher in all women, EXCEPT: (P II Feb 2006 Q 79).

- A. Have already had breast cancer.
- B. Are old.
- C. Have breast - fed their children.
- D. Nulliparous.
- E. Have a family history of ovarian carcinoma.

26. * Which of the following is an example of a common technique for breast reconstruction that usually involves an implant? (P II Dec 2004 Q 58).

- A. Tissue expansion.
- B. Latissimus flap.
- C. Transverse Rectus Abdominis Myocutaneous (TRAM) flap.
- D. D. Free TRAM flap.
- E. Free gluteus maximus myocutaneous flap.

27. All of the following are true about breast pain, except: (P II - Dec 2015 Q77).

- A. The pain may be referred or radiated from the cervical spine.
- B. Benign breast changes" Fibrocystic disease is the commonest cause".
- C. Carcinoma commonly presented with breast pain.
- D. Breast cysts may be the cause.

E. Duct ectasia is important cause in post-menopausal women.

28. Regarding breast carcinoma all are true, except: (P II - Dec 2015 Q78).

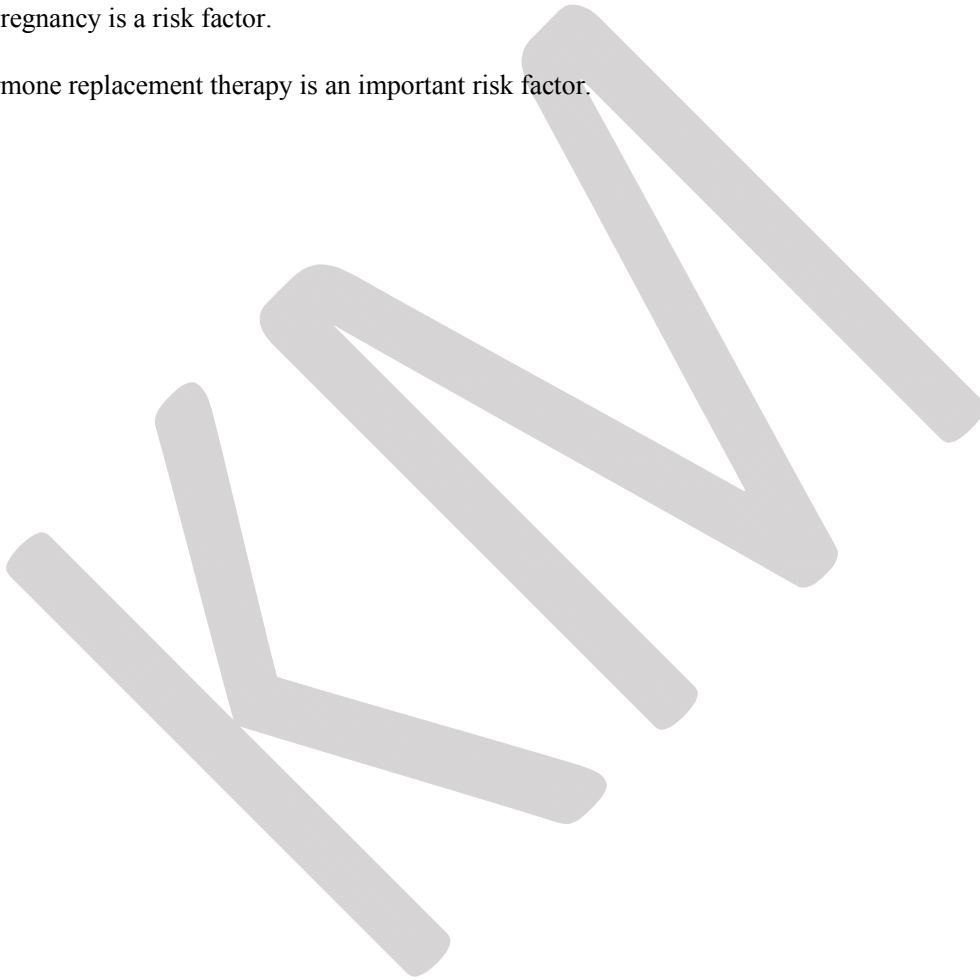
A. Is radio resistant.

B. May present with nipple discharge.

C. Lobular carcinoma can be bilateral in good number of patients.

D. Late first pregnancy is a risk factor.

E. Use of hormone replacement therapy is an important risk factor.



Breast Paper 1:**1. B****2. A****3. E****4. B****5. D****6. C****7. C****8. D****9. E****10. D****11. B****12. C****13. D****Breast Paper 2 :****1. D****2. C****3. B****4. A****5. D****6. D****7. D****8. E****9. A****10. E****11. A****12. E****13. C****14. E****15. C****16. E****17. A****18. B****19. B****20. B****21. A****22. E****23. D****24. C****25. C****26. C****26. E**

(C): Typical reconstruction involve the use of myocutaneous flaps of latissimus dorsi or rectus abdominus augmented where necessary with silicon implant.